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Paralysis, Cerebral, Bulbar, and Spinal. H. C. BASTIAN. London, 1886, pp. 671.

Paralysis is the most pathological of nervous diseases, and the author even goes so far as to state dogmatically that "almost if not quite all paralyses are invariably caused by definite morbid conditions, appreciable by the naked eye or by the microscope, or by both," although this would hardly hold of paralyses of sense nor of functional paralysis of motion, to say the least, both of which are treated in this book. The writer can and does confine himself largely to a basis of nerval and morbid anatomy, but the cuts, which are quite numerous, are mostly old and familiar. The regional diagnosis, to which much space is devoted, is good, but on the whole is written from the standpoint of the physician rather than of the scientific physiologist. The strictly pathological diagnosis is treated best of all, and the many convenient tables constitute probably the chief value of the book. The chapter on disorders of intellectual expression by speech and writing covers but thirty pages, but contains a valuable table for the examination of aphasic and amnesic patients. The chapters on spinal paralyses, in which such remarkable advances have been recently made, are brief, but quite adequate to the needs of the practitioner, whose wants are throughout kept mainly in view. The book is a vast and thoroughly well ordered collection of material, and is, on the whole, even more valuable than the author's previous work on Brain Physiology.

Remarks on Evolution and Dissolution of the Nervous System. J. HUGHLINGS-JACKSON. Journal of Mental Science, April, 1887.

In this valuable article the well known views of the author are summarized and widened. In severe epilepsy crude activities in all parts of the body, and at once, are produced, such a discharging lesion beginning in the latest and highest level of evolution. The post-paroxysmal state is dissolutive, which may reach almost total dementia, which is persisting coma, and recovery from which is re-evolution. There are high, low, and mid-level fits, representing different evolutionary levels. Laryngismus stridulus, *e. g.*, is a low-level, bulbar fit. Even a small and local physiological fulminate, if sudden and rapid enough, may set up discharges in healthy nervous tissue associated collaterally downward, and end in severe convulsion. Among the different insanities, melancholia (posterior lobes?) and general paralysis (anterior lobes?) signify different local dissolutions of the highest centres, as surely as brachiooplegia or cruroplegia signify dissolution of middle, or ophthalmoplegia, of the lowest motor centres. In post-epileptic insanity, mania is the outcome of activities on the levels of evolution remaining, and the union of high special action with great defects of consciousness in some of these cases is due to deep dissolution in one hemisphere co-existing with high evolution in the other. Alcoholism on the other hand produces uniform dissolution without the phenomena due to different levels. The level of evolution also varies in different centres, and is a co-factor with the depth of lesion. Positive symptoms, as *e. g.* illusion, are evolutionary on a reduced but then highest level of a nervous system mutilated by disease. The hierarchy of the nervous system, which is throughout a sensory-motor mechanism, is threefold. 1. The lowest level consists of anterior and posterior horns of the spinal cord, Clarke's visceral